

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 10     | 1-24-01  |
| FORMALITY REVIEW          | Rm       | FS1    | 02-09-01 |
| RESPONSE FORMALITY REVIEW | ym       | 651    | 5/25/01  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
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| Claim    | Date     |
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NEXT AVAILABLE ROOM

If more than 150 claims or 10 actions  
staple additional sheet here

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